

Best Available Copy

| POSITION            | INITIALS  | ID NO.       | DATE            |
|---------------------|-----------|--------------|-----------------|
| FEE DETERMINATION   | <i>MA</i> | <i>62814</i> | <i>10/27/99</i> |
| O.I.P.E. CLASSIFIER |           | <i>8</i>     | <i>11/1/99</i>  |
| FORMALITY REVIEW    | <i>EA</i> | <i>60125</i> | <i>11/9/99</i>  |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim/         | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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